

EXHIBIT H

CENTRAL NEW YORK PSYCHIATRIC CENTER INPATIENT OPERATIONS MANUAL	Date: 11/9/15	Policy # 3.8
	Supercedes: 5/17/11	Page (s): 1 of 3
PROVISION OF CARE		
Prepared by: Steve Gross, PsyD, Chief Psychologist Nichole Marioni, PhD, Chief Psychologist	Policy: Comprehensive Suicide Risk Assessment Process	
Approved By: Cabinet Medical Staff Executive Committee		

POLICY:

Documented data demonstrates that suicide risk exists within the forensic population. Therefore, CNYPC clinicians complete the ongoing process of Comprehensive Suicide Risk Assessment to ensure patient/resident safety and timely interventions and to maximize positive patient/resident outcomes. Upon entry into Reception, all inmates are assessed for suicide risk by OMH clinicians utilizing the Suicide Prevention Screening Guidelines and CNYPC Brief Mental Health Assessment. If an inmate is admitted to services, the clinician assesses and documents acute and chronic risk factors and protective factors, notes the presence or absence of warning signs (IS PATH WARM) of imminent suicide risk, and documents a plan of action to address any suicide risk identified. Results and recommendations from the suicide risk assessment are taken into consideration when developing and updating the treatment plan and in making the decision regarding whether to admit to a higher level of care.

REFERENCES:

The Joint Commission National Patient Safety Goal #15
IS PATH WARM mnemonic (American Association of Suicidology, www.suicidology.org)
HOT FLAGS mnemonic for prison-based risk factors for imminent suicide risk

DEFINITIONS:

Warning Signs – indicators of imminent suicidal behavior, summarized by the mnemonic **IS PATH WARM**:

I	=	<u>Ideation</u> - Threats, talk about death, dying, suicide
S	=	<u>Substance Abuse</u> - Increased use of alcohol, of drugs
P	=	<u>Purposeless</u> - Feeling like a failure, burden, no reasons for living
A	=	<u>Anxiety</u> - Agitation, restlessness, unable to sleep
T	=	<u>Trapped</u> - No options, no way out
H	=	<u>Hopelessness</u> - Defeated, no value to anyone, nobody cares
W	=	<u>Withdrawal</u> - From friends, family, sleeping all the time
A	=	<u>Anger</u> - Irritable, enraged, seeking revenge
R	=	<u>Recklessness</u> - Impulsive, risky activities
M	=	<u>Mood Changes</u> - Depressed, preoccupied, agitated, sudden calm

Prison-based suicide risk factors derived from review of CNYPC suicide attempts and completions:

H	=	Harassment/Threats - Real or perceived
O	=	Overwhelmed by Prison
T	=	Transfer – Pending or recent
F	=	Family Estrangement
L	=	Lost Relationship
A	=	Appeal/Parole/Court Hearing
G	=	Gang Threats
S	=	Sanctions – Tickets/SHU/loss of privileges

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PROCEDURE:

The Comprehensive Suicide Risk Assessment (CSRA) process begins at the time an OMH clinician screens an inmate or admits a patient/resident to services. Suicide risk assessment is an on-going process from admission to discharge.

A. Screening/Admission

- The MD/NPP documents suicide risk, including presence or absence of warning signs and treatment recommendations, in the Suicide Risk Assessment Shell of the Screening Admission Note: Previous Comprehensive Suicide Risk Assessment (CSRA) Forms should be reviewed.
- The Primary Therapist completes a CSRA Form within 5 days of admission utilizing the initial suicide risk assessment on the Screening Admission Note, prior records as available including previous CSRA Forms and PSYCKES report, and patient/resident interview.

B. Treatment Plan/Individual Service Plan

- At the time the Treatment Plan (Inpatient) or Individual Service Plan (ISP; SOTP) is developed, the CSRA Form is reviewed for chronic and acute risk factors and protective factors. Treatment recommendations are documented on the Treatment Plan/ISP.
- If the patient/resident is at risk for suicide, this problem should be listed and incorporated into the Treatment Plan/ISP with goals, objectives and methods to include addressing dynamic risk factors and increasing protective factors to reduce overall suicide risk.
- The CSRA Form will be reviewed at each Treatment Plan Review (TPR)/Individual Service Plan-Review (ISP-R). The review will be documented in the TPR/ISP-R, identifying any changes to suicide risk and related updates to treatment goals, objectives and methods, as indicated.

C. Progress Notes**Primary Therapist**

- Suicide risk will be addressed within the "Suicide Risk Assessment" section of each Progress Note, including changes in risk or protective factors, discussion of warning signs, assessment of patient/resident's current functioning, and description of suicide risk-related treatment plan.

Psychiatrist/ Nurse Practitioner

- Suicide risk, any changes to the risk factors, protective factors and warning signs, and review of the CSRA Form will be documented in the structured Psychiatric Progress Note.

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D. Discharge/Transfer

- An assessment of the patient/resident's suicide risk is included in the Discharge Summary, during presentation to the Discharge Committee, in the Patient Care Monitoring (PCM) Form, and during the PCM conference.
- A copy of the most recent CSRA Form is forwarded to the receiving unit with the Discharge Summary and PCM Form.

E. Updates

- A new CSRA Form should be completed at the following times:
 - As clinically indicated, that is, when significant changes occur relevant to suicide risk (e.g., new or strengthened risk factors such as disciplinary sanctions, different type or severity of self-harm, suicide attempt; loss of protective factors such as termination of relationship), or to a patient/resident's Treatment Plan/ISP goal related to suicide (including the closing/discontinuing of a goal).
 - Upon discharge

FORM(S):Screening Admission Note Psychiatric Evaluation Part I (MHARS)Comprehensive Suicide Risk Assessment Form (MED CNY 486)Treatment Plan (MHARS)Treatment Plan Review (MHARS)Individual Service Plan (MHARS)Individual Service Plan Review (MHARS)Primary Therapist Progress Note Form (MED CNY 349 / MHARS)Psychiatric Progress Note (MED CNY 356 / MHARS)Patient Care Monitoring – Inpatient (MED CNY 430)Discharge Summary / Service Plan Part All (MHARS)Index Terms: Suicide Risk, Suicide Assessment, CSRA